$\hfill \square$ Initial Application

☐ Renewal Application

19 STANIFORD STREET • 2ND FLOOR, BOSTON, MA 02114 PHONE: 617-626-6960 • FAX: 617-626-6965 • www.mass.gov/dols

ASBESTOS ANALYTICAL SERVICE APPLICATION

(In accordance with the provisions of M.G.L. c. 149, § 6-6F $\frac{1}{2}$ and 453 CMR 6.00)

License #

Date

	☐ Duplicate ApplicationIssue		Reviewer			
Please	complete	e each section by printing or typing the inform	mation, attaching all required documentat	tion, and signing the application.		
Section	on I: AP	PLICANT INFORMATION				
	Comp	pany Name				
	Telephone Number ()		FAX	FAX		
	E-ma	il address:	Website Address:			
	Busin	ess Location (Street)				
	City/	Гоwn	State	Zip		
	Maili	ng Address (if different from above)				
	City/	Гоwn	State	Zip		
	Feder	Federal Identification Number				
Sectio	on II: A1	TTACHMENTS TO BE SUBMITTED WI	TH THE APPLICATION			
1.	(A) If applicant is a Sole Proprietorships or Partnership: A copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the applicant is located.					
	(B)	 Legal Existence, issued by the Organized in MA in existenthe Secretary of the Common Foreign Corporation (a corporation (a corporation and a different standard Secretary) 	Corporation or LLC: ed in MA in existence for less than one (1) year, provide a copy of the short form Certificate of stence, issued by the Sec. of the Commonwealth's Office.* ed in MA in existence for more than (1) year, provide a Certificate of Good Standing, issued by etary of the Commonwealth's Office.* Corporation (a corporation transacting business in the Commonwealth of MA and organized ws of a different state), provide a copy of the Foreign Corporation Certificate and a Certificate of anding. *Secretary of the Commonwealth's Office: One Ashburton Place., Boston, MA 02108-II: 1-800-392-6090; www.sec.state.ma.us/cor/coridx.htm			
	(C)	(C)				
	(D) If applicant receives samples by mail ONLY. Please include a letter stating that.					
2.		of all names, acronyms or other identifiers by which the applicant does or has done business, and the address(es) and none number(s) of the business.				

urrent workers' compensations are must include the associated under the policy, and	on policy or self-insurance p ssigned policy number, the d list the Department of Lab	orogram must be provided WC code 8601 or other in oor Standards with the pro	oper address as the certificate holder. If	
A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgments, received by the Responsible Persons of the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice.				
	-	ed as Asbestos Laborator	y Supervisors of the Asbestos Analytical	
	nsurance must include the assovered under the policy, and the applicant has no employed. Itst of all occupational safet otices of responsibility, notice deceived by the Responsible Figency or department and firm.	nsurance must include the assigned policy number, the overed under the policy, and list the Department of Laborated under the policy, and list the Department of Laborated under the applicant has no employees, a notarized statement to all occupational safety and health-related citation otices of responsibility, notices of intent to assess an acceptive by the Responsible Persons of the applicant in the gency or department and final disposition of such citation.	Issurance must include the assigned policy number, the WC code 8601 or other incovered under the policy, and list the Department of Labor Standards with the properties applicant has no employees, a notarized statement to that effect must be substituted in the substitute of all occupational safety and health-related citations or notices of violation, otices of responsibility, notices of intent to assess an administrative penalty, ord eccived by the Responsible Persons of the applicant in the two years prior to the gency or department and final disposition of such citation or notice.	

- 7. A copy of the laboratory standard operating procedures manual for asbestos analysis used by the applicant, which shall minimally include:
 - 1. A listing of all Responsible Persons and employees of the applicant who will be performing asbestos analysis.
 - 2. Legible copies of certificates of training or other training records for all persons listed at 453 CMR 6.08(2)(b)1., indicating that each such person has fulfilled the applicable asbestos analytical training required by 453 CMR 6.08(4)(d).
 - 3. Copies of all applicable analytical protocols and procedures referenced at 453 CMR 6.08(4)(f).
 - 4. An inventory of the analytical equipment used by the applicant, with a description of associated equipment calibration and maintenance procedures and schedules.
 - 5. A description of chain of custody procedures, including handling, storage and disposal procedures for asbestos samples.
 - 6. A description of the quality control procedures and programs utilized by the applicant.
- 8. Results indicating proficiency in the two most recent rounds of the applicable quality control program(s) required by 453 CMR 6.08(4)(e). Documentation shall be in the form of legible copies of official correspondence or certificates from the provider of the applicable quality control program. Applicants from within the Commonwealth seeking certification as Class B or Class C Asbestos Analytical Services may submit the single most recent quality control round result, but their receipt of certification and approval pursuant to 453 CMR 6.08(2) may be contingent upon the results of a laboratory inspection at the discretion of the Director.
- 9. A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of the entire annual fee of \$750.00. If the Director denies, revokes, suspends or refuses to renew a certificate for reasons specified in 453 CMR 6.04, the fee payment is not refundable.

Section III:	PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE
l,	,, do
rep une	PRINT TITLE reby certify, that my business has complied with all laws of the Commonwealth of Massachusetts relating to: taxes, orting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)); remployment insurance contributions (M.G.L. c. 151A, § 19A(a)); unemployment health insurance contributions (M.G.L. c. 149, § 14G(e); and fair share employer contributions (M.G.L. c. 149, § 188(d)).
I further state, that all employees to be engaged in Asbestos Work are certified, or will be certified prior to performed by them, pursuant to the requirements of 453 CMR 6.00.	
Cor	rther state, that I have read and understand the Commonwealth of Massachusetts Regulations for The Removal, ntainment or Encapsulation of Asbestos, 453 CMR 6.00, and that all information contained herein, including any uplements attached hereto, is true and correct to the best of my knowledge and belief.
Sign	ned under the penalties of perjury.
SIGNATURE _	DATE

A certificate as a provider of Asbestos Analytical Services is valid for a period of one year. The Director may renew an Asbestos Analytical Service certificate upon written application for renewal by the certificate holder. Renewal applications should be submitted to the Department of Labor Standards no later than 30 calendar days before the expiration of the current certificate. The submission of a renewal application later than 30 days before the expiration of the current certificate may result in renewal after the expiration of the current certificate. Said application for renewal shall include submission of the items referenced at 453 CMR 6.08(2)(a) through (e). The Director may waive the requirement for resubmission of the information specified at 453 CMR 6.08(2)(b) where there has been no substantive change in the information submitted with a previous application, and the applicant attests to such.

Please forward your completed application to:
Department of Labor Standards
Licensing & Regulations Unit
19 Staniford Street, 2nd Floor
Boston, MA 02114

(FOR OFFICIAL DLS USE ONLY)

	ITEMS APPROVED BY:	DATE:
FEE RECEIVED		
WORKERS COMPENSATION		
NOTARIZED TAX STATEMENT		
ART OF ORG/ANNUAL REPORT/DBA		
COPIES OF ALL VIOLATIONS		
SERVICES APPROVED	Class A Certificate	
	Class B Certificate	
	Class C Certificate	
	Class D Certificate	
DUA/FSC		
APPL. COMPLETE - OK TO ISSUE		